

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

236

FILED FEB 24 1947 91

State File No.

557

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 5 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Baby Eaton

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased January 17 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 10 hr. 5 min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Henry B. Eaton
13. Birthplace Springfield (City, town, or county) Mo. (State or foreign country)
14. Maiden name Elizabeth Atwood
15. Birthplace Ferguson (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Henry B. Eaton

(b) Address 1231 South Clay - Ferguson

17. (a) burial (b) Date thereof 1/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Fee Cemetery

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6175 Delmar Blvd

19. (a) 10 10 42 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NR
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 123 South Clay
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1942 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 1-17-42
1942 to 1-18-42 1942

that I last saw him alive on 1-17- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Breast 7 mo
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature E. W. Barrett (M. D. or other)
Address 4500 Olive Date signed 1/17/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed *Jose E McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6120 Belmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.